

GUEST EDITORIAL

World Federation of Surgical Oncology Societies

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The World Federation of Surgical Oncology Societies (WFSOS) was initiated by the recognition of the critical need for improved surgical care for the cancer patient and a realization of the shaky foundation upon which this currently exists. In 1992, surgical oncologists from around the globe established this organization. This initial group has expanded now to include 25 countries and societies representing >5,000 surgeons with a shared interest and expertise in surgical cancer care. While in a few countries in the world this specialty is a *fait accompli* in either activity or recognition, the reality is that no country has adequate physician power to deal with the challenges.

The dire need for surgical oncology is related to the increased incidence of cancer and the advancing technology demanded in the surgical arena. These rising numbers are related to two major influences. The most dramatic is not just increased population but increased aging in developed and developing nations, as well as increased and continued use of tobacco products in the first-world countries and worrisome explosion of use in less well-developed countries. Coupled with this, a challenge in itself for service alone, is the extraordinary increase of knowledge in basic sciences which is rapidly being translated into the clinical areas, particularly in chemotherapy, immunology, genetics, and clinical technology. These have and will continue to profoundly change the way we practice. In particular, the most challenging areas for surgeons are the complexities of the interactions among the three sister specialty approaches to cancer: radiation, medical, and surgical oncology. A most pressing need is for surgical oncologists to increase their efforts to document outcomes relating to changes in surgical practices within the context of combined modalities.

No longer can we expect most general surgeons to explore and implement these changes even though at least one third of their practices deal with cancer patients. This observation is highlighted by the dramatic changes

that have been presented to general surgeons over the years with breast cancer treatment. The approach to breast cancer in many communities has resulted in medical and radiation oncologists dictating the kind of surgery a patient should receive. This is not ideal. It is the express aim of this Federation to make sure that surgical oncologists are involved directly in the triage of cancer patients who need surgery as part of their treatment or indirectly through consultation with their surgical colleagues or as part of multidisciplinary teams. In particular, this latter approach of supporting our colleagues who will be doing most of the cancer surgery for straightforward cancer problems not only provides education but improves their effectiveness in participating in team care.

While a formidable challenge, the World Federation has made significant decisions and steps to make surgical oncology a global reality. To accomplish this, it was obvious that this must be a specialty equal to the other oncology specialties and a Resolution regarding this has been adopted by the WFSOS. This goal has been partially achieved in a few centers such as in Canada where the Royal College of Surgeons recognizes this specialty as one for accreditation but not certification. In the United States, the specialty is still unrecognized officially, but due to the tremendous energy of the members of the Society of Surgical Oncology, it has created recognition in spirit by both their organization and their training programs. The European Economic Community countries are in the process of defining specialties, which include surgical oncology, and these efforts are supported by individual surgical societies as well as the European Societies of Surgical Oncology, all solid and vi-

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sionary groups. This momentum is also developing in Eastern Europe, Malaysia, South America, Australia, and the Indian subcontinent.

The WFSOS is painfully aware that the political recognition is dwarfed by the challenge to provide training opportunities for surgical oncologists as well as for general surgery trainees to reach a minimum of competence. To this end, the WFSOS has resolved that at least 1 year of multidisciplinary training must be included in training programs for all surgeons who are expected to treat the cancer patient. The importance of this has been identified in a number of publications on colorectal cancer, breast cancer, gynecologic cancer, and gastric cancer, to mention a few. These studies identify the surgeon as an independent prognostic factor in the outcome and demonstrate that extra training, rather than volume, is a key to improved results. As defined by specific rotations in a surgical oncology focused division, a WFSOS survey of current training of general surgery residents in 12 responding member countries showed that only one half of surgical trainees had any exposure, and those had only 6 months. While a tremendous number of surgical oncology specialists are needed, their influence will be multiplied many times if they choose to dedicate their time and support to general surgery training programs. To rectify the perceived shortages, we are hoping that existing surgical oncology programs will accept increased numbers of their own candidates, as well as foreign candidates who must be funded by their respective countries. We also expect that there will be an increase in the total number of programs as the needed resources in many countries are already in place with well trained and dedicated surgical oncologists.

Other exciting areas of current activity within the WFSOS include the development of international collaboration for clinical trials. This has been particularly effective within continents, and we expect it will be enhanced on a global basis. We will also be able to tackle protocols that examine less common diseases, which no one country or organization would be expected to study on their own. Our focus will be to foster surgical studies, to evaluate new techniques, and to establish the key com-

ponents of a surgical procedure that influence outcomes. We will also encourage continued monitoring of our own outcomes as part of our practice, since the long-term complications beyond hospital stay have so much impact on the quality of life of the patient.

While the WFSOS has a huge task ahead, it has also accomplished a significant amount during its short existence. This includes the establishment of a newsletter and a registry of all its members. It has founded an international chapter, which is now fostering new organizations that wish to develop their own surgical oncology societies. It has registered the current training programs around the world which surprisingly now number approximately 50. It has defined global standards for surgical oncology training programs. It has created educational grants and traveling scholar grants to increase the interaction of surgical oncologists around the world. It has hosted a number of symposia, especially in the areas of education and the quality of surgery. It has begun a tradition of world scientific congresses to share scientific information with the assistance of the Society of Surgical Oncology in America. Most importantly, however, it has brought together surgical oncologists from all over the world to share scientific and clinical practices, a phenomenon that will almost assuredly improve the care of the cancer patient.

From a personal point of view, there is real magic in the WFSOS. Physicians with many languages, many cultures, many religions, and many experiences come together with a common vision to reduce the toll that cancer causes. The unique language of medicine and our shared goals supercede the occasional difficulty of communication that our diverse backgrounds may cause.

My discovery of meaningful and international friendships as a member of the WFSOS is a common experience among those who are involved. As this organization matures, this is now an opportunity for all of our thousands of members. It is a privilege to be involved with such a group, and I believe that this unique organization binding the skills of surgical oncologists around the world will have a profound impact on the care of the cancer patient.